

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Senate District 36 Special Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

Name of Candidate Albert Butler
 Address P. O. Box 614, Port Gibson, MS 39150
 Telephone (601) 437-4089 Fax (601) 437-0688
 Contact Name Albert Butler Email butleralbert@wildblue.net
 Office Sought State Senate Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ February 9, 2010 Pre-Election Report (January 1, 2010, through February 6, 2010).....Mandatory
☐ March 2, 2010 Runoff Report (February 7, 2010 through February 27, 2010).....Runoff Candidates only
☒ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$11,250 + \$8,691.00	\$19,941.00	\$36,197.00
Total amount of disbursements	\$15,688.56 + \$1,359.44	\$17,048.00	\$33,180.00
Total amount of cash on hand		\$3,017.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Albert Butler

Reporting period

February 27

through

December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deborah Dawkins</u>		<u>2/17/10</u>	\$ <u>200.00</u>
Mailing Address <u>111 Lane Ave. #3</u>		<u>2/25/10</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Pass Christian, MS 39571</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Attorneys Barbara & Edward Blackmon</u>		<u>2/25/10</u>	\$ <u>1000.00</u>
Mailing Address <u>907 W Peace St</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney - at - Law (Private Practice)</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. B. Consolidated</u>		<u>2/19/10</u>	\$ <u>300.00</u>
Mailing Address <u>770 North West St.</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kitchen Law Firm</u>		<u>3/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 799</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Crystal Springs, MS 39059</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Albert Boutler
 Reporting period Feb 27, through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James & Linda Wilson</u>	<u>4/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>1030 Jasper Lane</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Crystal Springs, MS 39059</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John A Eaves, Business Account</u>	<u>3/4/10</u>	\$ <u>200.00</u>
Mailing Address <u>101 North State St.</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAM PAC</u>	<u>3/3/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1992</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keive L. King</u>	<u>3/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>2015 Main St, P.O. Box 554</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Taunette, MS 39069</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Health care</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Albert Boutler
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George R. Marx</u>	<u>3/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>1071 Hwy 472</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hazelhurst, MS 39083</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Banker</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Shannon Law Firm</u>	<u>3/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>100 West Gallatin St.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hazelhurst, MS 39083</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney - At - Law</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lakehurst Development Co.</u>	<u>3/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Drawer 727</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hazelhurst, MS 39083</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. David Headley</u>	<u>3/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 626</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Port Gibson, MS 39150</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Albert Butler
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R & J Group</u>	<u>3/31/10</u>	\$ <u>250.00</u>
Mailing Address <u>5266 Old Hwy 11 Suite 70-349</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Realtors</u>	<u>4/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321000</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Williford Gearhart & Knight</u>	<u>4/7/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 318</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton, MS 39060</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thompson & Associates</u>	<u>3/31/10</u>	\$ <u>200.00</u>
Mailing Address <u>814 North President St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Albert Butler
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ameristar Casino of Vicksburg</u>	<u>4/8/10</u>	\$ <u>500.00</u>
Mailing Address <u>4116 Washington St</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Vicksburg, MS 39180</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAC PAC (MS Asphalt Contractors PAC)</u>	<u>4/29/10</u>	\$ <u>1000.00</u>
Mailing Address <u>711 North President St</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE Funds for Children</u>	<u>4/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>775 North State St.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. & Mrs J. W. Person Jr.</u>	<u>4/2/10</u>	\$ <u>200.00</u>
Mailing Address <u>602 Church St.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Port Gibson, MS 39150</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Albert Buxton
 Reporting period Feb 27 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tanda Resources</u>		<u>2/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>4900 Woodway Suite 1040</u>		<u>2/5/10</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Houston, TX 77056</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>700.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Professional Associates (David Headley)</u>		<u>3/29/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 676</u>		___/___/___	\$
City, State, Zip Code <u>Port Gibson, MS 39150</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAGE Advisory, Inc.</u>		<u>3/30/10</u>	\$ <u>200.00</u>
Mailing Address <u>4785 Hwy 55 North Suite 103</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clara Hester</u>		<u>3/30/10</u>	\$ <u>200.00</u>
Mailing Address <u>148 Oakhurst Trl</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Albert Butler
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. O. Luchette, Jr.</u>	<u>3/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Drawer 1000</u>	<u> / / </u>	\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) <u>lawyer</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harvey C. Freelon, Attorney-At-Law Firm</u>	<u>3/30/10</u>	\$ <u>200.00</u>
Mailing Address <u>1015 Straford Dr</u>	<u> / / </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) <u>lawyer</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company State PAC</u>	<u>6/7/10</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 4079</u>	<u> / / </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> / / </u>	\$
Mailing Address _____	<u> / / </u>	\$
City, State, Zip Code _____	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee Albert Butler, Sr.
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WMPR Radio Station</u>	<u>3/3/10</u>	\$ <u>1,160.00</u>
Mailing Address <u>1018 Pecan Circle</u>		\$
City, State, Zip Code <u>Jackson, MS 39208</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Radio adv.</u>	Aggregate Year-to-date	\$ <u>2,160.00</u>
B. Full name <u>Edward Carter</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 98</u>	<u>3/3/10</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Port Gibson, MS 39150</u>	<u>3/7/10</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional) <u>Campaign work/Supervise Canvassing/Drivers etc.</u>	Aggregate Year-to-date	\$ <u>1,700.00</u>
C. Full name <u>Patricia Graynes</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>NA</u>	<u>3/3/10</u>	\$ <u>1,150.00</u>
City, State, Zip Code <u>Crystal Springs MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Campaign Workers/Supervise Canvassing/Drivers etc.</u>	Aggregate Year-to-date	\$ <u>1,450.00</u>
D. Full name <u>Hinds County Gazette</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 729</u>	<u>3/3/10</u>	\$ <u>228.00</u>
City, State, Zip Code <u>Raymond, MS 39154</u>	<u>3/7/10</u>	\$ <u>114.00</u>
Purpose of Disbursement (Optional) <u>newspaper adv.</u>	Aggregate Year-to-date	\$ <u>762.00</u>
E. Full name <u>Rev Victor Dixon</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>NA</u>	<u>3/6/10</u>	\$ <u>2450.00</u>
City, State, Zip Code <u>Hazlehurst, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Drivers/Canvassing Supervision/Poll workers</u>	Aggregate Year-to-date	\$ <u>2450.00</u>
F. Full name <u>Hinds County Gazette</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 729</u>	<u>4/1/10</u>	\$ <u>164.00</u>
City, State, Zip Code <u>Raymond, MS 39154</u>	<u>4/20/10</u>	\$ <u>228.00</u>
Purpose of Disbursement (Optional) <u>Newspaper adv.</u>	Aggregate Year-to-date	\$ <u>1154.00</u>

Name of Candidate or Committee Albert Butler, Sr.
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Copiah County Courier</u>	<u>3/3/10</u>	\$ <u>352.00</u>
Mailing Address <u>103 Ragsdale</u>		
City, State, Zip Code <u>Hazlehurst, MS 39083</u>	<u>4/1/10</u>	\$ <u>352.00</u>
Purpose of Disbursement (Optional) <u>Newspaper adv.</u>	Aggregate Year-to-date	\$ <u>3,023.00</u>
B. Full name <u>Claiborne Publishing Company (PG Reville)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1002</u>	<u>3/4/10</u>	\$ <u>120.00</u>
City, State, Zip Code <u>Port Gibson, MS 39150</u>	<u>3/7/10</u>	\$ <u>120.00</u>
Purpose of Disbursement (Optional) <u>Newspaper adv.</u>	Aggregate Year-to-date	\$ <u>960.00</u>
C. Full name <u>Claiborne Publishing Company (PG Reville)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1002</u>	<u>4/20/10</u>	\$ <u>120.00</u>
City, State, Zip Code <u>Port Gibson, MS 39150</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Newspaper adv.</u>	Aggregate Year-to-date	\$ <u>1080.00</u>
D. Full name <u>The Glory Journal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 973</u>	<u>3/3/10</u>	\$ <u>121.00</u>
City, State, Zip Code <u>Jayette, MS 39069</u>	<u>4/20/10</u>	\$ <u>96.00</u>
Purpose of Disbursement (Optional) <u>Newspaper adv.</u>	Aggregate Year-to-date	\$ <u>459.00</u>
E. Full name <u>The Jayette Chronicle</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 536</u>	<u>3/3/10</u>	\$ <u>243.00</u>
City, State, Zip Code <u>Jayette, MS 39096</u>	<u>4/20/10</u>	\$ <u>150.00</u>
Purpose of Disbursement (Optional) <u>Newspaper adv.</u>	Aggregate Year-to-date	\$ <u>1,014</u>
F. Full name <u>Helen Hunter</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>NA</u>	<u>3/3/10</u>	\$ <u>355.00</u>
City, State, Zip Code <u>Jayette, MS 39096</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Canvassing Supervision / workers</u>	Aggregate Year-to-date	\$ <u>355.00</u>

Name of Candidate or Committee Albert Butler Sr.
 Reporting period Feb 27. through Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Shelly Jones</u>	Date (Mo., Day, Year) <u>3/3/10</u>	Amount of each disbursement this period \$ <u>550.00</u>
Mailing Address <u>NA</u>		
City, State, Zip Code <u>Hazlehurst, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Canvassing Supervisor/workers/drivers</u>	Aggregate Year-to-date	\$ <u>1050.00</u>
B. Full name <u>George Burns</u>	Date (Mo., Day, Year) <u>3/3/10</u>	Amount of each disbursement this period \$ <u>942.00</u>
Mailing Address <u>NA</u>		
City, State, Zip Code <u>Utica, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Canvassing/signs/workers/drivers</u>	Aggregate Year-to-date	\$ <u>1,142.00</u>
C. Full name <u>Joseph Porter</u>	Date (Mo., Day, Year) <u>3/6/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>NA</u>		
City, State, Zip Code <u>Port Gibson, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>signs/canvassing</u>	Aggregate Year-to-date	\$ <u>820.00</u>
D. Full name <u>U. S. Postal Service, Port Gibson, MS</u>	Date (Mo., Day, Year) <u>2/27/10</u>	Amount of each disbursement this period \$ <u>314.54</u>
Mailing Address <u>NA</u>		
City, State, Zip Code <u>Port Gibson, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Postage for mailing literature</u>	Aggregate Year-to-date	\$ <u>314.54</u>
E. Full name <u>DWCom2</u>	Date (Mo., Day, Year) <u>2/28/10</u>	Amount of each disbursement this period \$ <u>550.00</u>
Mailing Address <u>P.O. Box 7065</u>		
City, State, Zip Code <u>Jackson, MS</u>	<u>3/4/10</u>	\$ <u>550.00</u>
Purpose of Disbursement (Optional) <u>Literature</u>	Aggregate Year-to-date	\$ <u>1,100.00</u>
F. Full name <u>Harried Enterprise</u>	Date (Mo., Day, Year) <u>7/5/10</u>	Amount of each disbursement this period \$ <u>350</u>
Mailing Address		
City, State, Zip Code <u>Lorman, MS 39096</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>web page design & construction</u>	Aggregate Year-to-date	\$ <u>350.00</u>

Name of Candidate or Committee Albert Butler
 Reporting period Feb 27 through Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Gibson Landing</u>	Date (Mo., Day, Year) <u>5/14/10</u>	Amount of each disbursement this period \$ <u>1,247.00</u>
Mailing Address <u>1002 Church St</u>		
City, State, Zip Code <u>Port Gibson, MS 39150</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Reception for Campaign workers</u>	Aggregate Year-to-date	\$ <u>1,247.00</u>
B. Full name <u>Capital Promotions</u>	Date (Mo., Day, Year) <u>10/11/10</u>	Amount of each disbursement this period \$ <u>2562.00</u>
Mailing Address <u>1422 Lebanon Rd</u>		
City, State, Zip Code <u>Nashville, TN</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Campaign literature</u>	Aggregate Year-to-date	\$ <u>2562.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$